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14/2e

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22884 7590 11/30/2009

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Lynn N. Minton	(Depositor's name)
/Lynn N. Minton/	(Signature)
February 26, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/552,094 10/04/2005 Richard R. Navarro

ZP193-05002 4200

**TITLE OF INVENTION: ARTIFICIAL DISC PROSTHESIS**

03/01/2010 INTEFSW 00004400 10552094

01 FC:1455 200.00 OP  
 02 FC:1581 1510.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREVIOUSLY PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES NO -\$755 \$1510 \$300 \$0 \$1055 \$1810 03/01/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HARVEY, JULIANNA NANCY 3733 623-017150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Middleton Reutlinger  
 2 Robert H. Eichenberger  
 3 Eric L. Killmeier

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Theken Spine, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Akron, OH

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 Publication Fcc (No small entity discount permitted)  
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Robert H. Eichenberger/

Date February 26, 2010

Typed or printed name Robert H. Eichenberger

Registration No. 42,509

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